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☐ Original recording - \$35 fee for each property (taxkey).

☐ Change of ownership application - \$35 fee for each property (taxkey). **MUST COMPLETE NEXT LINE!**
Date of property sale or transfer: ____ / ____ / ____ (Month/Day/Year).
(If not recorded within 15 days of transfer/sale, fee doubles to \$70 for each property (taxkey).)

☐ Update application previously submitted - No fee if voluntarily submitted within 15 days of change.
Enter date of application change here: ____ / ____ / ____ (Month/Day/Year) and check the appropriate box (es) below:

☐ Ownership address or phone change (Section 3 change) ☐ Correcting previous error. Describe _____.

☐ Registered Agent, Operator or Primary Contact change (Sections 3B, 4, 5) ☐ Other change to existing application.
Describe _____.

Taxkey Number	Property Address	# Residential Units
ADDITIONAL PROPERTY LIST ATTACHED (Y/N) _____ NUMBER OF PROPERTIES ON ATTACHED LIST _____		

**● ← CHECK HERE IF THIS PROPERTY IS OWNED BY MORE THAN 2 OWNERS.
ATTACH A SIGNED AND NOTARIZED LIST OF ALL ADDITIONAL OWNERS
IN THE FORMAT SHOWN IN SECTION 3A OR 3B.**

OWNER 1:

If property is jointly owned such as husband and wife,
each name must be listed separately below as Owner 1 & Owner 2.

Last Name

First Name

MI

Jr., III, etc.

Date of Birth: ____/____/____
(Month/Day/Year)

Street Address

City

State

Zip Code

Check One: **ADDRESS – Home** () **PHONE – Home** (____) ____-____-____
Business () **Business** (____) ____-____-____

Ownership Type MUST be selected: (CHECK ONLY ONE)
() Titleholder () Land Contract Seller () Land Contract Purchaser () Other - Specify _____

PREFERRED MAILING ADDRESS (optional):

PO Box or Street Address

City

State

Zip Code

“Doing Business As” Name (Optional) : _____

OWNER 2:

Last Name

First Name

MI

Jr., III, etc.

Date of Birth: ____/____/____
(Month/Day/Year)

Street Address

City

State

Zip Code

Check One: **ADDRESS – Home** () **PHONE – Home** (____) ____-____-____
Business () **Business** (____) ____-____-____

Ownership Type MUST be selected: (CHECK ONLY ONE)
() Titleholder () Land Contract Seller () Land Contract Purchaser () Other - Specify _____

PREFERRED MAILING ADDRESS (optional):

PO Box or Street Address

City

State

Zip Code

“Doing Business As” Name (Optional) : _____

(Don't forget! – At least one owner must sign in Section 6)

OR
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Check One: ☐ Corporation ☐ Limited Partnership ☐ Limited Liability Company, ☐ Limited Liability Partnership
(Registered agent & WI CORP. ID # required)

Business Phone (____) _____ - _____

Name of Corporation, Limited Partnership, or Limited Liability Company or Limited Liability Partnership

Registered Agent's Last NameFirst NameMIIr., III, etc.Wis. Corp. Div. I.D. #

Street AddressCityStateZip Code

Corp., LP's, LLC's or LLP's Address (as recorded with the State file)

Ownership Type MUST be selected: (CHECK ONLY ONE)
() Titleholder () Land Contract Seller () Land Contract Purchaser () Other - specify _____

PREFERRED MAILING ADDRESS (optional):

PO Box or Street AddressCityStateZip Code

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3C: Owned by Trust, Estate or Other

(See Section 3C instructions)

Check One: ☐ Trust ☐ Estate ☐ Other (specify) _____

_____ Phone (____) ____-____

Name of Trust, Estate or Other _____

Trustee or Personal Representative's Last Name First Name MI Jr., III, etc. _____

Street Address City State Zip Code _____

Corp., LP's, LLC's or LLP's Address (as recorded with the State file)

Ownership Type *MUST be selected: (CHECK ONLY ONE)*

() Titleholder () Land Contract Seller () Land Contract Purchaser () Other - specify _____

PREFERRED MAILING ADDRESS (optional):

PO Box or Street Address City State Zip Code _____

SECTION 4: OPERATOR

(See Section 4 instructions)

(Person who rents to tenants or has charge, care, or control of the building.)

Check One: ☐ Person

☐ Other (Specify) _____

Registered agent & WI CORP. ID # required for the following

☐ Corporation ☐ Limited Partnership ☐ Limited Liability Company,

☐ Limited Liability Partnership

Last Name First Name MI Jr., III, etc. Date of Birth: ____/____/____ (Month/Day/Year)

Street Address City State Zip Code _____

Check One: ADDRESS – Home () PHONE – Home (____) ____-____

Business () Business (____) ____-____

REGISTERED AGENT OF CORP., LP, LLC OR LLP

Last Name First Name MI Wis. Corp. Div. I.D. # _____

Operator Statement (Revised 10/10/08)

I, _____, as operator for all properties (Print Name Please)

recorded pursuant to Ord. 200-51.5 and listed herein, acknowledge that I will accept service on behalf of the owner for violations of the Milwaukee Code of Ordinances for orders regarding these properties.

Operator's Signature _____ Date ____/____/____

State of _____

County of _____

Signed or attested before me on ____/____/____

Signature of notarial Officer (Seal , if any)

My Commission Expires ____/____/____

SECTION 5: PREFERRED PRIMARY CONTACT

(See Section 5 instructions)

If the preferred primary contact is one of the people listed in Sections 3 or 4 you need only enter their name in this section.

Last Name First Name MI Jr., III, etc. _____

Street Address City State Zip Code _____

Check One: ADDRESS – Home () PHONE – Home (____) ____-____

Business () Business (____) ____-____

SECTION 6: SIGNATURES

(See Section 6 Instructions.) All signature(s) below must be signed and dated in the presence of a notary. Notary will witness and affix signature and seal (if any).

The undersigned hereby attests to the above information as accurately describing the sale/transfer of the property to the best of their knowledge. Any falsification of information will result in enforcement of penalties prescribed in S 946.321(1) Wisconsin Statutes.

Owner 1 Signature ____/____/____

Owner 2 Signature ____/____/____

Officer of Corporation, Limited Partnership, Limited Liability Company or Limited Liability Partnership ____/____/____

Trust, Estate or Other ____/____/____

Title of above Signatory _____

State of _____

County of _____

Signed or attested before me on ____/____/____

Signature of notarial Officer (Seal , if any)

My Commission Expires ____/____/____

NOTE!: All attachments must be signed by at least one owner and notarized.

Make Check Payable to: CITY OF MILWAUKEE

Mail application to: PROPERTY RECORDING PROGRAM, Dept. of Neighborhood Services

841 N. Broadway RM 105, Milwaukee, WI 53202-3613